



# THE Puerto Rico Community Survey

This booklet shows the content of the Puerto Rico Community Survey questionnaire.

**This questionnaire is available in either English or Spanish.  
Este cuestionario está disponible en español o en inglés.**

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the yellow side.

**Please complete this form as soon as possible.** Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

**If you need help** or have questions about completing this form, call the number that our census representative has given you.

**For more information** about the Puerto Rico Community Survey, visit our website at: [www.census.gov/acs](http://www.census.gov/acs).

Para completar el cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado amarillo.

**Por favor, complete este cuestionario tan pronto sea posible.** Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

**Si necesita ayuda** o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

**Para obtener más información** sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: [www.census.gov/acs](http://www.census.gov/acs).

**CENSUS USE ONLY**

**How was this form completed?**

English  Spanish



**1** **What is your name?** Please print your name. Include your telephone number, and today's date so we can contact you if there is a question.

Last Name

First Name

MI

Area Code + Number

 - 

Today's Date

Month Day Year




**2** **What is your sex?** Mark (X) ONE box.

- Male  Female

**3** **What is your age and what is your date of birth?** Please report babies as age 0 when the child is less than 1 year old.

Print numbers in boxes.

Age (in years) Month Day Year of birth





**A** **NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.**

**4** **Are you of Hispanic, Latino, or Spanish origin?**

- No**, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴

**5** **What is your race?** Mark (X) one or more boxes.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native – Print name of enrolled or principal tribe. ↴

- Asian Indian  Native Hawaiian
- Chinese  Guamanian or Chamorro
- Filipino  Samoan
- Japanese  Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴
- Korean
- Vietnamese
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴

- Some other race – Print race. ↴

**6** **Where were you born?**

- In the United States – Print name of state.

- Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

**7** **Are you a citizen of the United States?**

- Yes, born in Puerto Rico → SKIP to question 9a
- Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization ↴
- No, not a U.S. citizen

**8** **When did you come to live in Puerto Rico?** Print numbers in boxes.

Year

**9** **a. At any time IN THE LAST 3 MONTHS, have you attended school or college?** Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, have NOT attended in the last 3 months → SKIP to question 10
- Yes, public school, public college
- Yes, private school, private college, home school

**b. What grade or level were you attending?** Mark (X) ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 - 12 ↴
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)



- 10** What is the highest degree or level of school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

**NO SCHOOLING COMPLETED**

- No schooling completed

**NURSERY OR PRESCHOOL THROUGH GRADE 12**

- Nursery school  
 Kindergarten  
 Grade 1 through 11 – Specify grade 1 – 11 →

- 12th grade – NO DIPLOMA

**HIGH SCHOOL GRADUATE**

- Regular high school diploma  
 GED or alternative credential

**COLLEGE OR SOME COLLEGE**

- Some college credit, but less than 1 year of college credit  
 1 or more years of college credit, no degree  
 Associate's degree (for example: AA, AS)  
 Bachelor's degree (for example: BA, BS)

**AFTER BACHELOR'S DEGREE**

- Master's degree (for example: MA, MS, MEd, MEd, MSW, MBA)  
 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  
 Doctorate degree (for example: PhD, EdD)

- B** Answer question 11 if you have a bachelor's degree or higher. Otherwise, SKIP to question 12.

- 11** This question focuses on your BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES you have received. (For example: chemical engineering, elementary teacher education, organizational psychology)


- 12** What is your ancestry or ethnic origin?


(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

- 13** a. Do you speak a language other than English at home?

- Yes  
 No → SKIP to question 14a

**b. What is this language?**

For example: Korean, Italian, Spanish, Vietnamese

**c. How well do you speak English?**

- Very well  
 Well  
 Not well  
 Not at all

- 14** a. Did you live at this address 1 year ago?

- Person is under 1 year old → SKIP to question 16  
 Yes, at this address → SKIP to question 15  
 No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

- No, at a different address in the United States or Puerto Rico

**b. Where did you live 1 year ago?**

**Address**  
**Development or condominium name**  
**Number and street name**


**Name of city, town, post office, military installation, or base**

**Name of municipio in Puerto Rico or U.S. county**

**Puerto Rico or Name of U.S. state**

**ZIP Code**



- 15** IN THE PAST 12 MONTHS, did you receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card? Do NOT include WIC or the National School Lunch Program.

- Yes  
 No

- 16** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you or another family member)                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including if you have ever used or enrolled for VA health care)  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴   | <input type="checkbox"/> | <input type="checkbox"/> |



**17** a. Are you deaf or do you have serious difficulty hearing?

- Yes  
 No

b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- Yes  
 No

**C** Answer question 18a – c if you are 5 years old or over. Otherwise, SKIP to **I** on page 7 for further instructions; do not answer any more questions.

**18** a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes  
 No

b. Do you have serious difficulty walking or climbing stairs?

- Yes  
 No

c. Do you have difficulty dressing or bathing?

- Yes  
 No

**D** Answer question 19 if you are 15 years old or over. Otherwise, SKIP to **I** on page 7 for further instructions; do not answer any more questions.

**19** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes  
 No

**20** What is your marital status?

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married → SKIP to **E**

**21** In the PAST 12 MONTHS did you get –

- |              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| a. Married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

**22** How many times have you been married?

- Once  
 Two times  
 Three or more times

**23** In what year did you last get married?

Year

**E** Answer question 24 if you are female and 15–50 years old. Otherwise, SKIP to question 25a.

**24** Have you given birth to any children in the past 12 months?

- Yes  
 No

**25** a. Do you have any of your own grandchildren under the age of 18 living in this place?

- Yes  
 No → SKIP to question 26

b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this place?


- Yes  
 No → SKIP to question 26

c. How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 or 4 years    |
| <input type="checkbox"/> 6 to 11 months     | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> 1 or 2 years       |  |

**26** Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty  
 Yes, on active duty during the last 12 months, but not now  
 Yes, on active duty in the past, but not during the last 12 months  
 No, training for Reserves or National Guard only → SKIP to question 28a  
 No, never served in the military → SKIP to question 29a

**27** When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.  **D**

- September 2001 or later  
 August 1990 to August 2001 (including Persian Gulf War)  
 September 1980 to July 1990  
 May 1975 to August 1980  
 Vietnam era (August 1964 to April 1975)  
 March 1961 to July 1964  
 February 1955 to February 1961  
 Korean War (July 1950 to January 1955)  
 January 1947 to June 1950  
 World War II (December 1941 to December 1946)  
 November 1941 or earlier

**28** a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)  
 No → SKIP to question 29a

b. What is your service-connected disability rating?

- 0 percent  
 10 or 20 percent  
 30 or 40 percent  
 50 or 60 percent  
 70 percent or higher



**29** a. **LAST WEEK, did you work for pay at a job (or business)?**

- Yes → *SKIP* to question 30  
 No – Did not work (or retired)

b. **LAST WEEK, did you do ANY work for pay, even for as little as one hour?**

- Yes  
 No → *SKIP* to question 35a

**30** **At what location did you work LAST WEEK?** *If you worked at more than one location, print where you worked most last week.*

a. **Address**  
**Development or condominium name**  
**Number and street name**

*If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.*

b. **Name of city, town, post office, military installation, or base**

c. **Is the work location inside the limits of that city or town?**

- Yes  
 No, outside the city/town limits

d. **Name of municipio or U.S. county**

e. **Enter Puerto Rico or name of U.S. state or foreign country**

f. **ZIP code**

**31** **How did you usually get to work LAST WEEK?** *If you usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.*

- |   |   |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle   |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle  |
| <input type="checkbox"/> Carro público      | <input type="checkbox"/> Walked   |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at this address → <i>SKIP</i> to question 39a |
| <input type="checkbox"/> Railroad           | <input type="checkbox"/> Other method   |
| <input type="checkbox"/> Ferryboat          |   |
| <input type="checkbox"/> Taxicab            |   |

**F** Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, *SKIP* to question 33.

**32** **How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

**33** **What time did you usually leave this address to go to work LAST WEEK?**

Hour Minute

 : 

a.m.

p.m.

**34** **How many minutes did it usually take you to get from this address to work LAST WEEK?**

Minutes

**G** Answer questions 35–38 if you did *NOT* work last week. Otherwise, *SKIP* to question 39a.

**35** a. **LAST WEEK, were you on layoff from a job?**

- Yes → *SKIP* to question 35c  
 No

b. **LAST WEEK, were you TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP* to question 38  
 No → *SKIP* to question 36

c. **Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → *SKIP* to question 37  
 No

**36** **During the LAST 4 WEEKS, have you been ACTIVELY looking for work?**

- Yes  
 No → *SKIP* to question 38

**37** **LAST WEEK, could you have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work  
 No, because of own temporary illness  
 No, because of all other reasons (in school, etc.)

**38** **When did you last work, even for a few days?**

- Within the past 12 months  
 1 to 5 years ago → *SKIP* to **H**  
 Over 5 years ago or never worked → *SKIP* to question 47

**39** a. **During the PAST 12 MONTHS (52 weeks), did you work 50 or more weeks? Count paid time off as work.**

- Yes → *SKIP* to question 40  
 No

b. **How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service?**

- 50 to 52 weeks  
 48 to 49 weeks  
 40 to 47 weeks  
 27 to 39 weeks  
 14 to 26 weeks  
 13 weeks or less

**40** **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?**

Usual hours worked each WEEK



**H** Answer questions 41–46 if you worked in the past 5 years. Otherwise, SKIP to question 47.

#### 41–46 CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you did not have a job or business last week, give the information for your last job or business.

**41** Were you –  
Mark (X) ONE box.



- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, municipio, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

**42** For whom did you work?

If now on active duty in the Armed Forces, mark (X) this box →   
and print the branch of the Armed Forces.

Name of company, business, or other employer

**43** What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

**44** Is this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

**45** What kind of work were you doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

**46** What were your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

**47** INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show the types of income NOT received.

If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

**a.** Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?

- Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

Total amount - Dollars

\$												.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

- No

**b.** Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?

- Yes → What was the net income after business expenses?

Total amount - Dollars

\$												.00	Loss
----	--	--	--	--	--	--	--	--	--	--	--	-----	------

- No

**c.** Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account.

- Yes → What was the amount?

Total amount - Dollars

\$												.00	Loss
----	--	--	--	--	--	--	--	--	--	--	--	-----	------

- No

**d.** Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS

- Yes → What was the amount?

Total amount - Dollars

\$												.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

- No

**e.** Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?

- Yes → What was the amount?

Total amount - Dollars

\$												.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

- No

**f.** Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?

- Yes → What was the amount?

Total amount - Dollars

\$												.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

- No

**g.** Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS? Do NOT include Social Security.

- Yes → What was the amount?

Total amount - Dollars

\$												.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

- No

**h.** Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or sale of a home.

- Yes → What was the amount?

Total amount - Dollars

\$												.00
----	--	--	--	--	--	--	--	--	--	--	--	-----

- No

**48** What was your total income during the PAST 12 MONTHS? Add entries 47a–47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

Total amount - Dollars

<input type="checkbox"/> None OR	\$											.00	Loss
----------------------------------	----	--	--	--	--	--	--	--	--	--	--	-----	------



**I Thank you** very much for your participation.

Place the questionnaire in the envelope and HOLD for your Census Bureau Representative to pick up.

INFORMATIONAL COPY

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0810" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

